U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.			
E				
1. File Number U- 6935	2. Fiscal Year Covered From:			
	1 / 1 / 04 Through: 12 / 31 / 04			
Name and address of person filing	4. Name, file number, and address of labor organization.			
Name Dominic Ferraro	Name Plumbers & Pipefitters Local 230			
	Labor Organization File Number 022-553			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 11785 Shadowglen Rd.	Street 6313 Nancy Ridge Dr.			
City El Cajon	City San Diego			
State CA ZIP Code +4 92020	State			
5. Position in labor organization. Business Manager / Financial Secretary-Treasurer				
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZiP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany under signed's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the			
Signed / Ominic Fluar	and the same of th			

Name of Person Filing Ferraro, Dominic	File N	Number U-			
B. Held an interest in or derived income or economic benefit with monetary we substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any).  Name National Inspection Testing & Certific Corporation  Trade Name, if any: NITC  P.O. Box, Bldg., Room No., if any  Street. 501 Shatto Pl., Ste. 201  City Los Angeles  State CA ZIP Code + 4 90020  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: ation  X a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.				
Name National Inspection Testing Certifical Corporation  Trade Name, if any: NITC  P.O. Box, Bldg., Room No., if any		ier			
Street 501 Shatto Pl., Ste. 201	11.b. Approximate dollar value of su	uch dealing.	79.88		
City Los Angeles  State CA ZIP Code + 4 90020	12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:		a.	de automotivo de la constante		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	The state of the s	ulah da kacaman aya ka			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		The state of the s		